

La Luz Residential Home Limited

# La Luz Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

La Luz is a residential home which provides accommodation for a maximum of 16 people. The people accommodated at the home are elderly and have a variety of care and mobility needs, many of whom are living with the experience of dementia. The home has the provision to look after residents who speak Spanish as their first language. At the time of our visit 14 people were living in the home.

### People's experience of using this service and what we found

People were positive about the care and support they received. Staff were seen to interact with people in kind and compassionate ways.

People were supported to remain safe. Risks to their health and safety had been identified and well managed to reduce the risk of harm. Staff understood their roles and responsibilities around keeping people safe, including the identification and reporting process if abuse was suspected. Staffing levels were kept at safe numbers to ensure people's support needs could be met. People's medicines were well managed, so they had their medicines when they needed them. Cleanliness and infection control processes ensured the home was kept clean and tidy.

People were involved in assessments of their needs to make sure the home could meet those needs, before they moved in. Staff received training and supervision ensure they had the skills necessary to provide care and support that people needed. People had enough to eat and drink. We have recommended that the provider review the meal portion size, as three people were heard to say that they found the portion size too large. This can put people off eating. People had access to health care professionals when needed. Staff worked with these professionals by following guidance given, such as changes in medicines, or adjusting food to meet dietary requirements.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People were supported by kind and caring staff. Staff knew people as individuals and were able to communicate with them in a way they could understand.

People had care plans that detailed their care and support needs. Wherever possible people or their relatives were involved in reviews of their care. People had access to indoor activities to help keep them active and stop them being bored. People commented that they would like more access to outdoor activities, when the weather was better. People would be supported at the end of their lives because processes were in place to record their preferences and wishes.

The provider wished to provide a service that made people feel part of their family. People confirmed that this was how they felt. There was a family atmosphere at the home with people and staff enjoying each other's company. People, their relatives and staff were all involved in giving feedback about the home, and

any areas that may need to be improved. The registered manager listened to feedback and made changes where they could.

Rating at last inspection:

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# La Luz Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

Our inspection was completed by one inspector and one assistant inspector due to the homes small size.

#### Service and service type

La Luz is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was unannounced.

#### What we did before the inspection

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and commissioning groups. We checked records held by Companies House. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

the registered manager, and three staff. We observed the care and support provided to those people that we were unable to communicate with. We reviewed five people's care records, three staff files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at La Luz. One person said, "I feel safe because when I press the call bell they (staff) attend."
- Staff understood their roles and responsibilities should they suspect people were at risk of abuse. They told us they would notify the manager, who would then notify the relevant authorities.
- Risks to people from abuse were also considered and managed using the risk assessment process. These considered if people were vulnerable to types of abuse such as financial, sexual, and physical. Guidance was in place for staff to minimise the risk of these taking place.

Assessing risk, safety monitoring and management

- Risks of harm to people's health and safety were identified by the staff. Action required to reduce the chance of people coming to harm was recorded in risk assessment documents. These assessments covered medical and support risks, such as managing falls, choking, and safe use of wheelchairs. They also considered other factors such as risk of social or cultural isolation. These had been completed for each person who lived here.
- The hazards to people's health and safety from environmental risks such as cleanliness and infection control and fire safety were also well managed. These included personal emergency evacuation plans to ensure people would be moved from the building in the event of an emergency such as fire. Regular checks had been completed by staff and external contractors to ensure the environment was safe.
- The risk of people acquiring a skin injury, such as pressure wounds had been assessed, as well as the risk of harm from use of equipment such as bedrails. Risks to people's skin integrity were managed to minimise injuries such as pressure wounds developing.
- Assessments of risks also ensured that appropriate equipment and training was identified and put into place to support people. For example, correctly sized slings and hoists with associated training for staff, where people required assistance to move.

Staffing and recruitment

- There were enough staff to meet the needs of the people who lived here. Staffing levels were based on the assessed needs of people. People told us that staff were available when they needed them. One person said, "I can call them at night, I just ring the bell and they come."
- Staffing rotas demonstrated that safe levels of staff were in place. Our observations on the day of the inspection showed that staff had time to spend to talk and play games with people, as well as meet their health care needs.
- The process for recruiting new staff was safe, and ensured only suitable staff were employed.
- The provider carried out checks such as obtained references, proof of identity, address and a Disclosure

and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

#### Using medicines safely

- Peoples medicines were managed in a safe way so they had them when they needed them and as prescribed. People told us they received their medicines when they needed them. A recent audit completed by a visiting pharmacist had identified that people's medicines were well managed.
- Records relating to medicines were accurate, complete and up to date. These included the use of body maps for topical creams and transdermal patches to ensure they were applied to the correct part of the person's body.
- Clear guidelines were in place for staff to manage as required medicines as well as homely remedies. This minimised the risk of people being given too much medicine, such as pain medicine. Peoples medicines were also reviewed with the GP on a regular basis to ensure they were still needed, and being effective at treating the condition they had been prescribed for
- Medicines were stored, and disposed of in a safe and secure way.

#### Preventing and controlling infection

- People lived in a clean home that was free from unpleasant odours. One person said, "They Hoover every day and dust. I'm amazed at how [staff member] keeps it in such good order."
- Staff were seen to regularly wash their hands, and use appropriate protective equipment such as aprons when providing personal care, or preparing food. This was effective at minimising the spread of infection. People were also encouraged and supported to wash their hands prior to having meals, to reduce the risk of them becoming ill.

#### Learning lessons when things go wrong

- A record of accidents and incidents was kept and reviewed to try to minimise repeat occurrences. There had been very few incidents or accidents at the home. The registered manager said that if these did happen then they would review what had taken place and review if anything could be done to minimise the risk of it happening again.
- Analysis of the accident records showed that they were one off incidents. We did not see any repeat incidents that may have indicated appropriate action had not been taken to address the initial concern.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before they moved into the home. This ensured staff had the skills to meet those needs and that equipment or modifications to the home could be installed before they arrived. The registered manager ensured that people's needs were fully known and they involved the person as much as possible.
- The assessment ensured that staff found out about people as individuals, such as their preferences, and interests, as well as medical support needs.
- This assessment also checked if any special action was required by the service to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.

Staff support: induction, training, skills and experience

- The registered manager ensured staff kept up to date with current best practice. People told us that, "Staff know how to handle me" and, "Staff know what my needs are."
- Staff received ongoing and refresher training which ensured they had sufficient knowledge and skills to enable them to care for people. Training specific to the needs of people had also been given. This included training on moving and handling and dementia care.
- Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager. One staff member said, "Yes, I feel supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food. One person said, "The food is good. I would say if I did not like something and I would be offered an alternative."
- During the inspection we overheard two people comment that there was too much food on their plate, and another person said, "I get larger portions than I need." This can have the effect of putting people off eating their meals. This was raised with the registered manager at the time of the inspection, who said a review would be done.
- People were supported to have enough to eat and drink. Where support was needed in this staff had the time to help people. Mealtime was unhurried and relaxed which encouraged people to eat. People could eat their meals where they chose, such as in their rooms or at the dining table.
- Where modified diets were required, such as to reduce the risk of choking, speech and language therapist guidance had been followed. Staff ensured that people were sat upright when eating to aid swallowing of food and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to doctors and other health care professionals when they needed them. Health action plans recorded that people had regular appointments with the doctor, dentists, optician and continence nurses.
- Staff worked well together as a team to provide effective support to people. Systems such as computerised care plans were in place so that staff working on different shifts could share information about people to ensure their needs were met.

Adapting service, design, decoration to meet people's needs

- The home people lived in met their needs. Each bedroom was decorated differently to suit people's preferences.
- Communal areas contained photographs and pictures of people as well as ornaments to give a family feel to the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were able to describe their roles under the act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone best interest.
- Use of equipment such as bed rails had also been assessed and reviewed in relation to the MCA due to staff recognising they restricted people's freedom. Appropriate DoLS applications had been submitted in relation to their use.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the caring nature of the staff. When asked one person said, "I get care that is special to me. All the staff are pleasant." Another person said, "They are caring on the whole and they do try to help if anything crops up."
- Staff knew people as individuals and used this knowledge to care for them in the way they wanted. The staff team were like a family and got to know the people they supported which enabled them to be an effective team together. The staff were friendly and calm. People were relaxed around staff; they smiled and engaged with them.
- People would be supported to practice their faith, via visiting local faith centres or attending services held at the home if required. For example, on the day of our inspection a local religious minister visited the home and sat with people to talk about and celebrate their faith.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in their day to day care. One person said, "We have communication and understanding both ways [between people and staff and vice versa], it's not a problem."
- People's care plans contained details of their likes, dislikes and preferences. Staff were seen to provide care in accordance with these, for example making sure people had handbags or personal items with them when they moved around the home, or playing favourite games with people. Care plans also detailed ways in which people communicated and expressed themselves.
- Throughout the inspection staff involved people in decisions around their care. People were afforded choice in their day to day lives. Staff offered people opportunities to spend time as they chose, such as taking part in activities or stay in their rooms if they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to show respect to people. When speaking to people they made sure they were at the person's eye level. Staff supported people to be appropriately dressed for the activity they were doing. They also helped people maintain their dignity if items of clothing became loose, or soiled.
- People's privacy and dignity were protected. Personal care was given by staff with the doors closed. We observed staff knocking on bedroom doors and introducing themselves before entering. Staff understood that respecting people's dignity was important, even behind closed doors. One staff member said, "I cover them with towel while bathing to protect their dignity and privacy."
- Families and visitors were welcome to the service to maintain relationships with people. People were also able to go out for daytrips and meals with their families whenever they wished.
- People were supported to remain as independent as possible. This was done in several ways. One staff member said, "We encourage them to help with dressing, putting on their lipstick or perfume."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines as well as specific care needs such as oral health, dietary needs, faith and interests. Guidance about seeking people's consent to care and staff promoting independence was at the forefront of each person's care plan.
- Staff were knowledgeable about people and their needs. Daily care notes gave information about the support people had been given, their moods, and general state of health. A review of daily care notes showed that the care staff had given matched that specified in people's care plans.
- Activities were based on keeping people active and their minds stimulated. They included arts and crafts, games, puzzles and gentle exercises. Staff were seen to support people with indoor activities throughout the inspection. People were seen to laugh and express enjoyment while they took part in the activities with staff. People said they would like to have more opportunity to have outdoor activities, such as trips out to local areas of interest.
- People's rooms were personalised and portrayed people's interests. For example, family photographs, ornaments of sentimental value and items reflecting people's hobbies and interests. People could also bring their own furniture from home to use in their bedrooms where suitable.

Meeting people's communication needs

- From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Where people's first language was not English, the management were able to communicate with people in their preferred language. The home also had experience of providing documents in Braille for people who were blind or partially sighted.
- People had information easily available to them. This included, complaints and safeguarding information, and the home's food hygiene rating.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. They said, "They would know if I was unhappy as it would show and I would not need to tell anyone." Another person said, "I would tell one of the senior carer if I was unhappy."
- There was a complaints procedure in place. There was a copy of this displayed in the reception area. The complaints policy included clear guidance on how to make a complaint and by when issues should be resolved. It also contained the contact details of relevant external

organisations such as the Care Quality Commission and the local authority.

- No complaints had been received in the previous 12-month period. The registered manager explained how people's concerns and complaints would be listened to and responded to should they arise.

#### End of life care and support

- No one was being supported at the end of their life at the time of our inspection. People's preferences for end of life decisions had been recorded where possible. The registered manager was aware of the local hospice services and how to contact them if the need arose.
- People's families were involved and informed about the end of life process, for example in developing funeral plans, and having conversations where appropriate on preferences and end of life wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- This is a small family run home and the owners vision was to have people feel like they were part of their family. To help with this the management ensured that care staff demonstrated a caring attitude towards the people they supported. Staff were seen to work to these values so people received a good standard of care during our inspection.
- There was an open culture where staff were encouraged to speak up. One staff member said, "It's easy to talk to the owners." Another said, "There is a friendly feel to them [the owners] and I would be comfortable to speak to management if there should be a problem."
- The registered manager led by example. He was involved in all aspects of the care delivered and regularly worked alongside staff. This enabled them to observe staff practice to ensure it met their standards.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of how the service was performing by use of quality audits and observations of staff working practices. These reviewed key aspects of the service such as health and safety, medicines management, infection control, food safety, care planning and reviews to see if any improvements were required.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.
- Staff were involved in making improvements and ensuring that a good standard of care was given to people. Supervision and appraisal processes ensured staff were given the opportunity to review their practice and discuss what they had done well, and any areas they may need to improve on.
- Regular meetings were held with staff where performance and organisational objectives were discussed. Daily handovers meetings were also used as a platform these discussions. Staff meetings took place over the course of each year to discuss people's health and welfare, and reflect on changes that may be required.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- People and relatives were actively encouraged to help run the service and make improvements within the home. The provider was in regular contact with all relatives and had the opportunity to feedback comments about the home and the care provided. Relatives attend events such as garden parties, which was another opportunity for them to feedback to the management.

#### Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment.
- The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.
- The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

#### Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and worked in collaboration with local community occupational therapists and district nurses.